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## DIRECTORATE OF INTELLIGENCE

9 October 1987

India-US Antinarcotics Cooperation [REDACTED]

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## Summary

Indian Prime Minister Gandhi has become more receptive to US suggestions for increased cooperation on narcotics as he has become aware how India fits into the illicit international drug trade. Gandhi has identified two areas where he hopes to expand bilateral cooperation--drug interdiction and drug abuse treatment. He is concerned that India is rapidly becoming a major conduit for Asian heroin, a development that also is feeding India's fast-growing domestic appetite for heroin. [REDACTED]

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New Delhi and Islamabad have responded to strong encouragement from Washington to cooperate in combating illicit drug flows and have explored ways to reduce cross-border drug trafficking. Mutual suspicions and a reluctance to share sensitive information, however, limit effective antinarcotics cooperation. Gandhi faces entrenched domestic opposition to his well-supported plans to curtail the drug trade in India [REDACTED]

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This memorandum was prepared by [REDACTED] Office of Near Eastern and South Asian Analysis and [REDACTED] the Office of Global Issues at the request of the National Security Council. Information as of 8 October 1987 was used in its preparation. Comments and queries are welcome and may be directed to the Chief, South Asia Division, NESA [REDACTED]

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NESA M 87 20091

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Gandhi is likely to accept US offers of technical training to improve India's drug interdiction efforts and to design appropriate drug abuse prevention and treatment programs. Technological enhancement of India's existing port of entry security programs, training in drug treatment techniques for public health care providers, and drug education materials are likely to be especially welcomed. Gandhi's administration, however, will remain leery of allowing US private or governmental agencies to become deeply involved in Indian domestic programs. [REDACTED]

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US-Indian antinarcotics cooperation is most effective and most likely to expand in the area of interdicting drugs destined for Western--including US--markets. The Indians probably will be interested in technical training in enforcement and drug identification. [REDACTED]

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New Delhi is concerned that it is rapidly becoming a major conduit for Southwest and Southeast Asian heroin because of India's long, porous borders, its location between the world's two largest heroin-producing regions, and its sophisticated communication and transportation networks. Since the Soviet invasion of Afghanistan, drug traffickers have altered their routes to move increasing amounts of heroin through Pakistan and India. Although reliable data do not exist, we judge that half the approximately 12 tons of Southwest Asian heroin that reaches the West each year transits India. In 1986 the Government of India seized 2,500 kilograms of heroin--almost all captured near the Pakistani border--including the world's largest single heroin seizure of 604 kilograms. Furthermore, the India route appears increasingly attractive to Southeast Asian heroin traffickers seeking to avoid greater enforcement efforts and competition along traditional routes through Thailand and Burma. [REDACTED]

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New Delhi recognizes that some domestically-produced opium is entering the domestic black market, but it is skeptical that large quantities of domestic opium are flowing into the international drug trade. India is the world's largest exporter of legal opium gum--some 600 metric tons annually--roughly one-third of which is sold to US pharmaceutical companies. Contrary to India's position, we believe this domestic production is also an expanding source for illicit opiates. [REDACTED] licensed poppy farmers obtain yields two to three times the government-imposed maximum of 32 kilograms/per hectare and sell the excess to traffickers. In addition, illicit poppy cultivation--from licensed farmers increasing their fields after government inspection or unlicensed farmers cultivating poppy outside legal areas--feeds the blackmarket. Using this opium and readily available domestic precursor chemicals, Indian traffickers are refining heroin to sell on the local market, and in a few cases, to the international trade. The improving quality of the Indian product will soon make it competitive in international markets with other Asian heroin. [REDACTED]

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### Slow Going with Pakistan

At the encouragement of Washington, both New Delhi and Islamabad have publicized antinarcotics programs as a key area for increased bilateral cooperation since early in 1986, and several exploratory sessions have been held. Senior Indian and Pakistani officials have agreed that cooperation between antinarcotics officials and border security forces are the necessary first steps toward increased border interdiction. Both governments have also encouraged the South Asia Association for Regional Cooperation (SAARC) to make regional cooperation in antidrug work a priority issue. [REDACTED]

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But in our judgment, New Delhi's and Islamabad's suspicions and conflicting national interests tangential to the antidrug effort have obstructed effective antinarcotics cooperation. Neither country has been willing to share the sensitive intelligence regarding troop placements, border security tactics, and the involvement of high-level officials in drug trafficking that is crucial to the long-term success of drug interdiction. [REDACTED]

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### US Help With Domestic Drug Abuse?

The rise in drug trafficking through India has led to an explosion of domestic heroin addiction since 1980. We estimate India currently has some 500,000 heroin addicts primarily in New Delhi and Bombay, and addiction is spreading to smaller cities and towns. The Government of India has made some effort to step up narcotics control, passing a comprehensive national drug bill in 1985 which mandates tougher sentences for convicted drug pushers and created an antinarcotics squad to step up interdiction efforts. [REDACTED]

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Although New Delhi has made efforts to increase Indian antinarcotics effectiveness, the central government is unable--or, in several instances, unwilling--to institute the far-reaching bureaucratic changes necessary to significantly reduce the level of drug activity in the country. Indian drug enforcement is largely in the hands of state police, security, customs, and finance officials who are unresponsive to federal government direction and have limited access to central government or foreign assistance. The much-publicized national Narcotics Control Board established over a year ago has yet to demonstrate its institutional independence or its ability to function in key drug trafficking regions, such as the Northeast states and Tamil Nadu. [REDACTED]

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[REDACTED]

Outlook

Gandhi probably will seek US help in developing drug treatment programs that do not involve US officials or private agencies working in India. He may welcome access to US expertise in developing video and film spots or other educational materials to increase public awareness of the risks of drug use similar to US-designed products used in Pakistan, Burma, and Thailand. He may also be interested in training in detoxification techniques appropriate for health delivery systems in India. [REDACTED]

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We believe Gandhi will face opposition and foot dropping at home to his domestic antidrug efforts. [REDACTED]

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[REDACTED] Islamabad and New Delhi probably will be content to seek maximum public relations value from only minimal compliance with any bilateral agreement on drug interdiction for the foreseeable future to appease international pressure for some movement on this issue. [REDACTED]

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**SUBJECT: India-US Antinarcotics Cooperation** 

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